

**BY ORDER OF THE COMMANDER
42D AIR BASE WING (AETC)**

MAXWELL AFB INSTRUCTION 41-102

7 NOVEMBER 2013



Health Services

PUBLIC ACCESS DEFIBRILLATION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 41-1, *Health Care Programs and Resources*. It establishes the Public Access Defibrillation (PAD) Program at Maxwell AFB AL. Refer recommended changes and/or corrections to this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*, through your chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af26a/afirms/afirms/>. This instruction applies to Maxwell AFB organizations, to include the 908th Airlift Wing (AFRES), the 187th Fighter Wing (ANG) and the 117th Air Refueling Wing (ANG). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This rewrite: The primary changes to this re-write include a complete list of current automated external defibrillators (AEDs) and their locations, removal of Maxwell AFB Form 13, a sample letter requesting placement of AED and inspection checklists for the three types of AEDs maintained by the 42d Medical Group (42 MDG).

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1. Purpose. This instruction provides guidance for the deployment and use of AEDs on Maxwell AFB. The PAD Program provides for AEDs to be placed in strategic locations on the installation to allow access by trained individuals for use in reviving persons during certain cardiac crises prior to arrival of medical personnel. This instruction identifies responsibilities, including procurement, maintenance and quality assurance and documentation requirements for implementation of the PAD Program.

2. Responsibilities.

2.1. The 42d Air Base Wing Commander (42 ABW/CC) will:

2.1.1. Have overall responsibility for the PAD Program.

2.1.2. Task the Director of Base Medical Services (DBMS) to ensure proper medical objectives are maintained for this program.

2.2. The 42d Medical Group Commander (42 MDG/CC), also known as the DBMS, will:

2.2.1. Be responsible for implementing the PAD Program and ensure all medical objectives are maintained.

2.2.2. Provide professional guidance on program administration.

2.2.3. Appoint in writing a Medical Director and Program Coordinator for the PAD Program.

2.3. Medical Director will:

2.3.1. Be a physician, proficient in emergency medical services protocols, cardiopulmonary resuscitation (CPR) and the use of AEDs in accordance with Alabama Code §6-5-332, *Persons Rendering Emergency Care Etc., at Scene of Accident, Etc.*

2.3.2. Provide professional oversight for training, developing protocols and standing orders for use of the AEDs in accordance with Basic Life Support (BLS) principles of resuscitation and formation of AED deployment strategies.

2.3.3. Review or have a designated representative review all Maxwell AFB Form 13, *Event Summary Sheet*, within 24 hours of AED use. This form is used to document the occurrences of a cardiac event and can be downloaded from the publications site on the AF Portal.

2.4. Program Coordinator (PC) will:

2.4.1. Have direct oversight of the PAD Program.

2.4.2. Be a BLS and ACLS trained member and will oversee all BLS and AED training for program site coordinators (paragraph 2.5) and targeted responders (paragraph 2.6).

2.4.3. Provide recommendations to Unit Commanders for individuals to serve as site coordinators.

2.4.4. Review AED inspection documentation quarterly to verify compliance.

2.5. Site Coordinators will:

2.5.1. Be BLS/AED trained and appointed in writing by the Unit Commander. The appointment letter will be completed and forwarded to the PAD Program Coordinator according to Attachment 3.

2.5.2. Be responsible for the AEDs in their work centers and will ensure all required inspections and maintenance actions are performed in accordance with manufacturer's manual.

2.5.3. Document all inspections on Attachment 4 for ZOLL AED Monthly Inspection Checklist, Attachment 5 for Cardiac Science AED or Attachment 6 for Phillips AED. Maintenance actions include but are not limited to restocking consumable items that have been utilized or replacing those which are due to expire.

2.5.4. Bring the AED to the Maxwell Clinic's Biomedical Equipment Technician (BMET) Element (42 MDSS/SGSL) for any necessary repairs or resetting after use.

2.5.5. Notify the coordinator following an event in which an AED is utilized. The site coordinator will take the AED to BMET Element within 2 hours for service and if so equipped, for download of recorded information. If the occurrence is after duty hours, the coordinator will take the AED to BMET on the next duty day.

2.5.6. Accomplish an Event Summary Sheet, and forward it to the Medical Director or designee within 24 hours of the event. Post-event procedures should be followed according to Attachment 7.

2.5.7. Notify the Traumatic Stress Response (TSR) Team Chief in the Mental Health Clinic in cases where a rescue is unsuccessful; they will discuss the services available to those personnel who were involved in and/or affected by the event.

2.6. Targeted Responders will:

2.6.1. As a minimum, be BLS/AED trained and appointed in writing by the Unit Commander and are taught how and when to use AEDs.

2.6.2. Provide BLS and utilize the AED until emergency services personnel arrive. This duty should be assigned to individuals who voluntarily agree to accept the responsibility.

3. Training. AED training for site coordinators will be provided by the 42 MDG's Education and Training Flight.

4. AED Locations and Installation.

4.1. The essential key to surviving a cardiac arrest is early access, early CPR, early defibrillation and early advanced care. Therefore, to provide the capability of early defibrillation, AEDs must be strategically placed throughout the organization.

4.2. A facility site assessment should be accomplished to determine the number of AEDs necessary as well as their placement within a building. The PAD Medical Director will have final approval for placement of the AEDs taking into account the factors listed below:

4.2.1. Facility size and/or accessibility

4.2.2. Number of employees in the facility

4.2.3. Identified high-risk environments

4.2.4. Number of people that may have public access to the facility on a daily basis

4.2.5. Emergency response protocol already in place for a facility; keep in mind it is the time of initial shock that really matters

4.3. In order to achieve complete area coverage within a building, an AED should be positioned no more than 1 minute's travel time (one way) from any given point within the building.

4.4. Optimal response time, from the identification of a person "down" to the arrival of AED on-scene, is 3 minutes or less.

4.5. Optimal response time from the identification of a person down to the delivery of a shock (i.e., drop-to-shock) should be less than 5 minutes.

4.6. The current location of AEDs on Maxwell AFB is listed in Attachment 8. This list also contains location of AEDs at sister locations at the 117 MDG in Birmingham and 187 MDG at Dannelly Field. The PAD Program Medical Director, in conjunction with the cardiac life support function (CLSF), will recommend placement of additional AEDs as needed, as well as accept and evaluate requests from individual units. The list will be updated accordingly by the PAD Program Coordinator.

5. Implementation.

5.1. Trained individuals will use AEDs to revive an unresponsive person prior to arrival of medical personnel.

5.2. AEDs are not to be used by any person who has not been trained to use the device.

5.3. Placement of the AED within a building and security of the device are the responsibility of the site coordinator. Placement should reasonably prevent access by non-trained

individuals (tampering/horseplay). However, quick and easy access to the device is essential in the event of an emergency. Selection of a monitored location is suggested if practical.

6. Acquisition and Maintenance.

6.1. Procurement of AEDs, reusable supplies and local maintenance operations (pads and battery changes as recommended by the manufacturer) and costs are the responsibility of the intended owner. All purchases must be coordinated in advance with the Medical Equipment Management Office (MEMO)/(42 MDSS/SGSL) and approved by the Medical Director. MEMO will ensure uniformity of equipment to facilitate acquisition, training, use and maintenance/repair. The Medical Director will present the request to the CLSF for review/recommendation prior to approval. All AED units obtained outside the approval of the Medical Director of the PAD and CLSF are the responsibility of the owner of the unit.

6.2. The BMET Element is the point of contact for site coordinators and manufacturer's representatives concerning any problems with AEDs. Additionally, BMETs are responsible for any inspections or maintenance beyond the site coordinator's ability to perform using the manufacturer owner's manual. To assist the site coordinator, BMETs will issue written guidance for routine maintenance, inspections and post-use procedures.

6.3. All new requests for AEDs will be accomplished utilizing the AED Request Letter (Attachment 9) and coordinated through the Medical Director, CLSF, BMET and Medical Logistics. Procurement of funding will be a unit responsibility. The Medical Logistics Flight will be the focal point for all AED acquisitions.

7. Quality Assurance. The Medical Director or designee and the CLSF will review all Event Summary Sheets to assess the quality of care and will make recommendations for program improvement as appropriate.

8. Documentation.

8.1. Use the Maxwell AFB Form 13 to record information of the event after the actual use of the AED. The questions in the blocks are filled out using victim and by-stander's information obtained using blue/black ink. Only one copy is required per event. When used, the site coordinator turns the Maxwell AFB Form 13 over to the PAD Program Director.

8.2. Site coordinators use the Zoll AED Monthly Inspection to perform monthly inspections of their units. Sites using the Cardiac Science AED and Phillips AED will use the appropriately designated form according to Attachments 5 and 6, respectively. Each month, the site coordinator will fill out these forms, answering the questions in the boxes and annotating the correct answer using blue/black ink. Only one copy is required per year per AED and will be maintained with the AED.

TRENT H. EDWARDS, Col, USAF
Commander, 42d Air Base Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Alabama Code §6-5-332, *Persons Rendering Emergency Care Etc., at Scene of Accident, Etc.*

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

AFI 33-364, *Records Disposition—Procedures and Responsibilities*, 22 December 2006

AFI 44-102, *Medical Care management*, 30 January 2012

Prescribed Forms

Maxwell AFB Form 13, *Events Summary Sheet*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AED—Automated External Defibrillator

BLS—Basic Life Support

CPR—Cardiopulmonary Resuscitation

DBMS—Director of Base Medical Services

MEMO—Medical Equipment Management Office

MER—Medical Equipment Repair

PAD—Public Access Defibrillation

TSR—Traumatic Stress Response

Attachment 2

SITE COORDINATOR APPOINTMENT LETTER

FIGURE A2.1. Site Coordinator Appointment Letter

Date _____									
MEMORANDUM FOR MAXWELL AIR FORCE BASES PUBLIC ACCESS DEFIBRILLATION (PAD) PROGRAM COORDINATOR									
FROM: UNIT COMMANDER/AGENCY DIRECTOR									
SUBJECT: Appointment as PAD Site Coordinator (Primary/Alternate)									
<p>1. In accordance with AFI 44-102, <i>Medical Care Management</i>, and this current MAXWELLAFBI 41-102, <i>Public Access Defibrillation Program</i>, the following individuals are appointed as the primary and alternate site coordinators for the automated external defibrillators (AED) located in building _____:</p>									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">NAME/RANK</th> <th style="text-align: left; width: 33%;">DUTY PHONE</th> <th style="text-align: left; width: 33%;">E-MAIL ADDRESS</th> </tr> </thead> <tbody> <tr> <td style="padding-top: 10px;">Primary: _____</td> <td style="padding-top: 10px;">_____</td> <td style="padding-top: 10px;">_____</td> </tr> <tr> <td style="padding-top: 10px;">Alternate: _____</td> <td style="padding-top: 10px;">_____</td> <td style="padding-top: 10px;">_____</td> </tr> </tbody> </table>	NAME/RANK	DUTY PHONE	E-MAIL ADDRESS	Primary: _____	_____	_____	Alternate: _____	_____	_____
NAME/RANK	DUTY PHONE	E-MAIL ADDRESS							
Primary: _____	_____	_____							
Alternate: _____	_____	_____							
<p>2. This is an additional duty and each individual will coordinate leave and TDY coverage with the other. At least 30 days prior to reassignment, extended TDYs or separation from service, the primary and/or alternate are required to update this appointment letter with the name of the newest appointee(s).</p>									
<p>3. Site coordinators are responsible for complying with MAXWELLAFBI 41-102. Specifically, he/she must keep their Basic Life Support (BLS) training current, inspect the AED, check the battery status and coordinate with the 42d Medical Group's Medical Equipment Repair Element if problems arise. He/she will also complete monthly checklists and maintain appropriate documentation as required.</p>									
<p>4. You are also responsible for replacing and ordering these operator/user replaceable parts as indicated in the operator's literature. Of special note, please check the expiration date located on your pads. If they are outdated, it is your responsibility to replace them through your purchasing agent. The 42d Medical Group will not supply these items.</p>									
<p>5. Direct questions to the Public Access Defibrillation Medical Director at 953-3698.</p>									
Unit Director/Commander's Name/Rank Title									

Attachment 3

ZOLL AED MONTHLY INSPECTION CHECKLIST

ZOLL AED MONTHLY INSPECTION CHECKLIST					
ECN:	Model: AED+Plus	Serial:	RC/CC:	Location:	
<p>Refer to the Zoll AED+Plus Administrator's Guide, part number 9650-0301-01, Revision E, for more detailed information on user maintenance. The following checklist is an overview designed to guide you through each monthly inspection. The inspection is required to be accomplished and documented once each month.</p>					
<p>Monthly User Maintenance Procedure:</p> <ul style="list-style-type: none"> - Ensure the unit is clean, undamaged, and free of excessive wear. - Ensure the housing is free of cracks or loose parts. - Ensure the green check is showing in the display to indicate the unit is ready to use. - Verify the electrodes are within their expiration date. Replace if necessary. - Verify all cables are free of cracks, cuts and exposed wires. - Verify the electrodes are connected to the input connector, sealed in their package, and the supply pack is present and sealed. - Verify the carrying case is in good condition with no rips, tears, broken clips, or broken zippers. - Verify the wall mount, if present, is stable and securely fastened to the wall. <p>If any above item fails, contact Clinical Technology Management immediately at 953-3192.</p>					
Due Date	Date Inspected	Printed Name	Signature	Telephone	Pass/Fail
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					

November					
December					
Remarks					
<p>This form should be left with the AED when completed. It will be collected and inspected during annual preventive maintenance inspections by Clinical Technology Management at the 42d Medical Group.</p> <p>If any questions or concerns arise concerning this Automatic External Defibrillator, contact Clinical Technology Management at 953-3192.</p>					

Attachment 4

PHILLIPS MONTHLY INSPECTION CHECKLIST

Philips MONTHLY INSPECTION CHECKLIST					
ECN:	Model:	Serial:	RC/CC:	Location:	
<p>Refer to the Philips Operator, part number M3860A, Edition 14, for more detailed information on user maintenance on the Heartstart FR2+ Automated External Defibrillator (AED). The following checklist is an overview designed to guide you through each monthly inspection. The inspection is required to be accomplished and documented once each month.</p>					
<p>Monthly User Maintenance Procedure:</p> <ul style="list-style-type: none"> - Ensure the unit is clean, undamaged, and free of excessive wear. - Ensure the housing is free of cracks or loose parts. - Open the AED, ensure the status indicator goes red. After 5 seconds, verify that the indicator returns to green - Verify the electrodes are within their expiration date. Replace if necessary. - Verify all cables are free of cracks, cuts, and exposed wires. - Verify the electrodes are connected to the input connector and sealed in their package, - Close the AED, ensure the status indicator goes red. After 5 seconds, verify that the indicator returns to green - Verify the carrying case is in good condition with no rips, tears, broken clips or broken zippers. - Verify the wall mount, if present, is stable and securely fastened to the wall. - Ensure the Green Check is showing in the display to indicate the unit is ready to use. <p>If any above item fails, contact Clinical Technology Management immediately at 953-3192.</p>					
Due Date	Date Inspected	Printed Name	Signature	Telephone	Pass/Fail
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<p>Remarks</p>					
<p>This form should be left with the AED when completed. It will be collected and inspected during annual preventive maintenance inspections by Clinical Technology Management at the 42d Medical Group. If any questions or concerns arise concerning this AED, contact Clinical Technology Management at 953-5393.</p>					

Attachment 5

CARDIAC SCIENCE MONTHLY INSPECTION CHECKLIST

Cardiac Science MONTHLY INSPECTION CHECKLIST					
ECN:	Model: Power Heart G3	Serial:	RC/CC:	Location:	
<p>Refer to the Cardiac Science Operator and Service Manual, part number 112-2025-108, Revision A, for more detailed information on user maintenance on the Power Heart G3 Automated External Defibrillator (AED). The following checklist is an overview designed to guide you through each monthly inspection. The inspection is required to be accomplished and documented once each month.</p>					
<p>Monthly User Maintenance Procedure:</p> <ul style="list-style-type: none"> - Ensure the unit is clean, undamaged and free of excessive wear. - Ensure the housing is free of cracks or loose parts. - Open the AED, ensure the status indicator goes red. After 5 seconds, verify that the indicator returns to green - Verify the electrodes are within their expiration date. Replace if necessary. - Verify all cables are free of cracks, cuts and exposed wires. - Verify the electrodes are connected to the input connector and sealed in their package. - Close the AED, ensure the status indicator goes red. After 5 seconds, verify that the indicator returns to green - Verify the carrying case is in good condition with no rips, tears, broken clips or broken zippers. - Verify the wall mount, if present, is stable and securely fastened to the wall. - Ensure the Green Check is showing in the display to indicate the unit is ready to use. <p>If any above item fails, contact Clinical Technology Management immediately at 953-3192.</p>					
Due Date	Date Inspected	Printed Name	Signature	Telephone	Pass/Fail
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					

December					
Remarks					
<p>This form should be left with the AED when completed. It will be collected and inspected during annual preventive maintenance inspections by Clinical Technology Management at the 42d Medical Group.</p> <p>If any questions or concerns arise concerning this AED, contact Clinical Technology Management at 953-5393.</p>					

Attachment 6**AUTOMATED EXTERNAL DEFIBRILLATORS (AED) POST-USE PROCEDURES**

A6.1. Following use of an AED, perform the follow actions immediately:

A6.1.1. Site coordinator will:

A6.1.1.1. Notify Medical Director via the written Event Summary Sheet, Maxwell AFB Form 13.

A6.1.1.2. Clean the AED.

A6.1.1.3. Deliver the AED, all accessories and disposables to the Biomedical Equipment Technician (BMET) Office.

A6.1.2. The BMET Office will:

A6.1.2.1. Transfer the event data from the AED to a laptop computer system using the manufacturer provided hardware and software. Make two copies of the event data onto compact disc. The event data will be maintained on the laptop in the BMET Office.

A6.1.2.2. Deliver one copy of the event data to the Medical Director and the second copy to the unit site coordinator.

A6.1.3.1. Replace the electrodes, supply pack and batteries using those supplied by the site coordinator.

A6.1.3.2. Perform complete maintenance and testing.

A6.1.3.3. Contact the site coordinator when AED is ready to be placed back in use.

Attachment 7

AED LOCATIONS

Table A7.1. Locations for Zoll: AED +

Organization	AED Location
Maxwell-Gunter Fire Department	Maxwell Fire Department
Maxwell-Gunter Fire Department	Maxwell Fire Department
Maxwell-Gunter Fire Department	Maxwell Fire Department
Maxwell-Gunter Fire Department	Gunter Fire Department
Maxwell-Gunter Fire Department	Gunter Fire Department
Maxwell-Gunter Fire Department	Gunter Fire Department
Gunter HAWC	Bldg 889, 1st Floor
Gunter HAWC	Bldg 856, 2nd Floor
Gunter HAWC	Bldg 888, 1st Floor
Gunter HAWC	Bldg 892, 1st Floor
Gunter HAWC	Bldg 884, 1st Floor
Gunter HAWC	Bldg 856, 1st Floor
OTS	Bldg 1487, 24 TRS
OTS	Bldg 1487, 23 TRS
OTS	Bldg 1488
OTS	Bldg 1488, CQ
OTS	Bldg 1486, CQ
OTS	Bldg 1487, Ops CC
OTS	Bldg 1487, 22 TRS
OTS	Bldg 1493, DCC
OTS	Bldg 1487, IDMT
OTS	Bldg 1487, IDMT
OTS	Bldg 1491
SNCOA	SNCA, 1st Floor
SNCOA	Heritage Hall
SNCOA	SNCOA, 1st Floor
SNCOA	SNCOA, 1st Floor
SNCOA	SNCOA, Satellite Gym
42 MDG/Flight Med	Med 1/Ambulance
42 MDG/Flight Med	1D34 - Clinic
42 MDG	Family Health Clinic, Rm 1N18
42 MDG/Dental	MDG 2nd Floor GYM
AWC/DFX	AWC, 1st Floor Hall
AWC/DFX	AWC, 2nd Floor
AWC/DFX	AWC, 2nd Floor
Community College of the Air Force (CCAF)	CCAF Bldg, Gunter
SAASS/AS	Bldg 1403, Rm 2205
SAASS/AS	Bldg 1403, Rm 2205
42 Com/Squadron	Macon Co Radar site/Bldg at Co Road Int 60 and 77
42 Com/Squadron	Macon Co Radar site/Bldg at Co Road Int 60 and 77
CPD/XL	Eaker College, 2nd floor
Gunter Bowling Alley	Manager's Office
Maxwell Bowling Alley	Manager's Office
Maxwell Officer Club	Cash Cage
Gunter Enlisted Club (Falcon's Nest)	Manager's Office
Maxwell Golf Course	Pro Shop
Maxwell Main Exchange	Outside Security Monitor's Office on Wall

Gunter Commissary	Admin Office in Back
Maxwell Commissary	Admin Office in Back
USAF 1st Sergeant Academy	First Sergeant Academy, Gunter
AFROTC	Bldg 500, Hallway
331st Recruiting Sq.	Gunter, Bldg 1510, Rm103
HAWC/Fitness Assessment Cell	Maxwell Gym, 2nd Floor
Gunter Gym	Gunter Gym
Maxwell Gym	Maxwell Gym
Historical Research Institute	Bldg 1405, Front Side Entrance/Main Help Desk
AFLMA /LGL	Gunter ,Bldg 205

Table A7.2. Cardiac Science: Powerheart G3 9300E

Organization	AED Location
DODEA	Maxwell Elementary School, Nurse Office
DODEA	Maxwell Elementary School, Nurse Office
DODEA	Maxwell Elementary School, Nurse Office

Table A7.3. Philips AEDs Model: FRX

Organization	AED Location
690 MSS Det 2	Gunter, Bldg 856, Rm 220

Table A7.4. Medtronic: LP 500 AEDs

Organization	AED Location
908 ASTS	908 ASTS, Bldg 760
908 ASTS	908 ASTS, Bldg 760
908 ASTS	908 ASTS, Bldg 760
908 ASTS	908 ASTS, Bldg 760
908 ASTS	908 CES
908 ASTS	908 MXS
908 ASTS	908 MXS
908 ASTS	908 OSF/IN
908 ASTS	908 SVF
908 ASTS	908 SFS
908 ASTS	908 AES
908 ASTS	908 AW
908 ASTS	357 AS
908 ASTS	357 AS
908 ASTS	908 Com Flight
908 ASTS	908 CP
908 ASTS	908 CP
908 ASTS	908 LRS

Table A7.5. Philips: HS1, FR2+ (117 ANG, Birmingham)

Organization	AED Location
117 MDG Birmingham	Bldg 141
117 MDG Birmingham	Bldg 141
117 MDG Birmingham	Bldg 700
117 MDG Birmingham	Bldg 495
117 MDG Birmingham	Bldg 495
117 MDG Birmingham	Bldg 700
117 MDG Birmingham	Bldg 40
117 MDG Birmingham	Bldg 138
117 MDG Birmingham	Bldg 190
117 MDG Birmingham	Bldg 149
117 MDG Birmingham	Fuel Shop, Bldg 135
117 MDG Birmingham	117 MDG Clinic
117 MDG Birmingham	117 MDG Clinic
117 MDG Birmingham	Bldg 175
117 MDG Birmingham	Bldg 620
117 MDG Birmingham	Bldg 390
117 MDG Birmingham	Bldg 250
117 MDG Birmingham	Clinic Storage Rm
117 MDG Birmingham	Clinic Storage Rm
117 MDG Birmingham	Bldg 30
117 MDG Birmingham	Bldg 151
117 MDG Birmingham	BX/Bldg 150
117 MDG Birmingham	Bldg 151
117 MDG Birmingham	Bldg 151
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	Air Crew Boxes
117 MDG Birmingham	117 MDG Clinic

Table A7.6. Philips HS1, FR2/FR2+ (187 ANG Dannelly Field)

Organization	AED Location
187 MDG Dannelly Field	Dannelly Field
187 MDG Dannelly Field	232 CBCS, Bldg 2002
187 MDG Dannelly Field	232 CBCS, Bldg 2000
187 MDG Dannelly Field	Dannelly Fire Department
187 MDG Dannelly Field	Dannelly Fire Department

Attachment 8

SAMPLE AED REQUEST LETTER

Figure A8.1. Sample AED Request Letter

<p>MEMORANDUM FOR 42 MDSS/SGSL 42 MDG/SGH 42 MDSS/SGSL IN TURN</p> <p>FROM: (Requesting Unit Commander)</p> <p>SUBJECT: Unit Request for Automated External Defibrillator (AED)</p> <p>1. The (Unit Name) requests authorization to procure (Number) AED(s). Rationale for procurement is to provide access to this emergency equipment in the following environment:</p> <p><i>(Describe the population served, based upon risk factors for cardiac arrest, such as age distribution, work environment and/or emergency response time.)</i></p> <p>2. The AED Site Coordinator for the (Unit Name) will be (Rank and Full Name), who may be contacted at (phone number). Biomedical Equipment Technician Office (42 MDSS/SGSL) and the PAD Program Coordinator may contact this individual to coordinate purchase and training, should procurement be approved.</p> <p>3. Planned location(s) for the AED(s) is/are as follows:</p> <ul style="list-style-type: none"> a. Unit Name: _____ b. Building Number: _____ c. Exact location of the AED: _____ <p><i>(Provide directions, so that anyone could enter your building and locate the AED. A map may be attached.)</i></p> <p>4. I verify I have reviewed the MAXWELLAfBI 41-102, <i>Public Access Defibrillation (PAD) Program</i>, and if the AED request is approved, will comply fully with the requirements outlined therein.</p>	<p>Date</p>
<p>Unit Director/Commander Name/Rank/USAF Title</p>	

1st Ind, 42 MDSS/SGSL (Biomedical Medical Equipment Technician)

MEMORANDUM FOR 42 MDG/SGH

I recommend approval/disapproval of this request based upon the accomplished AED Risk Assessment Survey.

[Start signature block on the fifth line]

Name/Rank/USAF
Title

2nd Ind, 42 MDG/SGH

MEMORANDUM FOR 42 MDSS/SGSL (Medical Logistics)

I approve/disapprove this request for AED procurement based upon my review of all information provided.

[Start signature block on the fifth line]

Name/Rank/USAF
Title

3rd Ind, 42 MDSS/SGSL (Medical Logistics)

MEMORANDUM FOR (**Requesting Unit CC**) 42 MDSS/SGSL (MEDICAL LOGISTICS)

Your request is approved/denied. If approved, the requested AED(s) will be gained in the Defense Medical Logistics Standard Support (DMLSS) system and a member from the Medical Equipment Management Office will be in contact with your AED Site Coordinator to facilitate the purchase.

[Start signature block on the fifth line]

Name/Rank/USAF
Title